

This measure represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

Addiction Outpatient Treatment Wait Time, Q1YTD 2017-18



Addiction Outpatient Treatment Wait Time Trend by Zone (90th Percentile)

Wait Time Grouping	Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19	Trend	2018-19 Target
Provincial	Provincial	18	15	13	15	13	15	14	↑	11
Urban										
	Calgary Zone	21	9	5	6	0	3	0	☆	11
	Edmonton Zone	17	14	0	0	0	0	0	☆	11
Rural										
	South Zone	13	20	21	26	21	21	27	↓	11
	Central Zone	20	16	14	15	14	14	14	↔	11
	North Zone	16	16	19	27	23	27	21	↑	11

Trend Legend: ☆Target Achieved ↑Improvement ↔Stable: ≤3% relative change compared to the same period last year ↓Area requires additional focus

Outpatient Treatment Wait Time Trend by Zone (Average)

Wait Time Grouping	Zone Name	2013-14	2014-15	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19
Provincial	Provincial	7.0	6.5	5.8	7.3	6.3	7.2	5.9
Urban								
	Calgary Zone	7.7	7.4	7.9	11.4	9.1	11.7	7.2
	Edmonton Zone	6.4	5.1	1.2	0.9	0.4	0.8	0.1
Rural								
	South Zone	5.0	7.8	7.8	8.7	7.5	7.6	9.1
	Central Zone	7.3	6.2	6.0	6.2	5.8	5.4	6.2
	North Zone	7.5	7.3	8.2	11.1	10.5	11.0	9.3

Total Enrollments

Zone	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19
Provincial	18,329	18,033	18,019	4,580	4,515
South Zone	1,760	1,818	1,745	451	401
Calgary Zone	4,616	4,455	4,383	1,141	1,075
Central Zone	3,467	3,560	3,830	934	1,068
Edmonton Zone	4,957	4,664	4,610	1,121	1,056
North Zone	3,529	3,536	3,451	933	915

Sources: Addiction System for Information and Service Tracking (ASIST) Data Research View for Treatment Service, Standard Data Product 2. Clinical Activity Reporting Application (CARA), for results since Apr 1, 2013 3. Geriatric Mental Health Information System (GMHIS), for results since Apr 1, 2013 4. eClinician, for results since Jun 22, 2015 (ASE program) and Apr 20, 2015 (YASE program)

Notes:

- The results are reported a quarter later due to requirements to follow-up with patients after end of reporting quarter.
- Average wait time is also provided to provide further context for the interpretation of the wait time performance measure. Trend and target are not applicable.
- Results may change due to data updates in the source information system or revisions to the measure inclusion and exclusion criteria.

OBJECTIVE 4: IMPROVE ACCESS TO COMMUNITY AND HOSPITAL ADDICTION AND MENTAL HEALTH SERVICES FOR ADULTS, CHILDREN AND FAMILIES.

WHY THIS IS IMPORTANT

Timely access to addiction and mental health services is important for reducing demand on healthcare services including the social and economic costs associated with mental illness and substance abuse, as well as reducing the personal harms associated with these illnesses.

AHS PERFORMANCE MEASURE

Wait Time for Addiction Outpatient Treatment represents the time it takes to access adult addiction outpatient treatment services, expressed as the number of days that 9 out of 10 clients have attended their first appointment since referral or first contact. This excludes opioid dependency programs.

UNDERSTANDING THE MEASURE

AHS continues to work towards strengthening and transforming our addiction and mental health services.

Getting clients the care they need in a timely manner is critical to improving our services. This involves improving access across the continuum of addiction and mental health services and recognizing that there are multiple entry points and that these services assist different populations with different needs and paths to care.

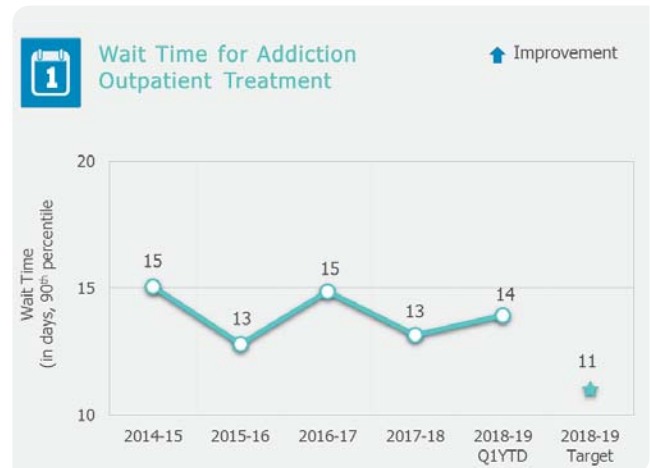
The lower the number the better, as it demonstrates people are waiting for a shorter time to receive adult addiction outpatient services.

HOW WE ARE DOING

Provincial results indicate that AHS has shown improvement in wait time for addiction outpatient treatment compared to the same period last year (14 days in Q1YTD 2018-19 compared to 15 days in Q1YTD 2017-18).

AHS continues to focus on four populations:

- Children, youth and families,
- People with multiple and complex needs,
- Individuals requiring addiction services, and
- Indigenous people and communities.



Source: AHS Addiction and Mental Health

Note: The most recent data for this measure is one quarter behind the reporting period due to various reporting system timelines.

WHAT WE ARE DOING

AHS is investing in Enhancing Care in the Community so supports are more readily available to help with addiction and mental health needs.

AHS continues to implement initiatives to enable integrated access to addiction and mental health services.

- Responding to the opioid crisis is a priority for AHS. As part of the **Opioid Dependency and Crisis Response** program, three opioid dependency clinics opened in 2018-19 (High Prairie, Bonnyville and Fort McMurray).
- **Developmental Pathways** (formerly called InRoads) support health professionals providing addiction and mental health services in primary care and other settings. Eleven pathway learning modules went live in Q1. To date, 765 AHS staff members, and an additional 85 healthcare providers external to AHS, have completed one or more of the modules.
- Planning for the **Addiction and Mental Health Day Hospital** in the Edmonton Zone is on track and is scheduled to open by March 2019. The Day Hospital will provide programming which patients can attend as an alternative to hospitalization. This allows patients to benefit from a therapeutic setting while being able to remain in their home.

The percentage of children who received scheduled community mental health treatment within 30 days (time from referral to a scheduled appointment with a mental health therapist) increased to 66% in 2018-19 Q2YTD compared to 63% in 2017-18 Q2YTD. AHS offers a variety of other addiction and mental health services to children, youth and their families in the community that are not included in this measure (i.e., specialized outpatient or community services, school-base services, youth addiction services, crisis and outreach services, etc.):

- The **Alberta Youth Suicide Prevention Plan** is being completed. The plan includes distinct approaches to address the unique needs of Indigenous populations.
- The **Honouring Life program** (formerly Aboriginal Youth and Communities Empowerment Strategy) supports resiliency, empowerment and holistic suicide prevention strategy initiatives. New proposals from high-priority communities are being reviewed.
- A new centralized intake is on track to become operational in the Edmonton Zone in Q3. This will provide same-day access to outpatient addiction treatment for youth and adults.
- Calgary and Edmonton Zone psychiatry leadership teams are examining addiction and mental health (AMH) practices in emergency departments to identify opportunities to improve access to AMH services. Staff education and patient comfort were key areas of focus in Q2.
- Discussions have begun in South Zone to develop **pediatric acute care teams** for adolescent AMH patients requiring a higher level of care.
- The **Mental Health Capacity Building** program is focusing on expanding to underserved child and adolescent populations. Through this expansion, 15 new programs will be provided in 2019.
- The **Virtual Child and Youth Navigation Team** supports timely access to mental health treatment and referral services in the North Zone. Program and service delivery models are in development and services are expected to go live in Q3.
- In North Zone, a youth mental health day program is now fully operational in Grande Prairie. The program acts as an outpatient program for students who have been experiencing serious problems because of substance use and/or mental health issues.

AHS is working with Alberta Health and community partners to address the opioid crisis and offer programs, services and supports for Albertans. Q2 highlights include:

- Recruitment to support the opening of **Injection Opioid Agonist Therapy (iOAT)** programs in Calgary and Edmonton is underway. Provincial medical and nursing protocols are completed and an evaluation and reporting framework is in development.
- **Supervised consumption services** are offered in Calgary at the Sheldon M. Chumir Health Centre and in Edmonton at the Royal Alexandra Hospital through the Addiction Recovery Community Health program.
- A pilot to provide Suboxone™ for opioid-dependent emergency department patients was completed at three sites in Calgary Zone and Edmonton Zone. Identification of future sites for rollout is underway.
- Central Zone is identifying effective ways to support improved opioid care through the **Primary Health Care Opioid Response initiative**. Physician and partner education, training and mentoring strategies are under development.
- The **Addiction Recovery and Community Health (ARCH)** program provides core addiction services to admitted and emergency department patients. Planning is underway to expand the program in Q3.
- In Q2, there were 549 new admissions and more than 2,000 total unique active clients in **Opioid Dependency Programs** which is a 5% increase from Q1 2018-19.
- Virtual Health technology has been deployed through the Rural Opioid Dependency Program to expand services, with 102 admissions and 328 unique active clients in Q2 2018-19 (compared to 108 admissions and 237 unique active clients in Q1 2018-19).
- Enhancements are being made to the Naloxone Program including the addition of a risk assessment tool and a quality assurance and evaluation process.
- In Q2, nearly 20,000 **take home Naloxone kits** were dispensed to Albertans by AHS, the Alberta Community Council on HIV agencies, community pharmacies and other community organizations.
- In Q2, more than 1,300 overdose **reversals** (naloxone administered to reverse effects of an opioid overdose) were voluntarily reported in Alberta.